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FILED **UNITED STATES BANKRUPTCY COURT** NORTHERN DISTRICT OF ILLINOIS Fill in this information to identify your case: DEC 06 2016 United States Bankruptcy Court for the: Northern District of Illinois v JEFFREY P. ALLSTEADT, CLERK Case number (# known): _ Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Check if this is an Chapter 13 amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

	ebtor 2 to distinguish between ime person must be Debtor 1 in		nformation as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The
in	e as complete and accurate as formation. If more space is nee known). Answer every questic		th are equally responsible for supplying correct of any additional pages, write your name and case number
·	ittil: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your	KAREN	
	government-issued picture identification (for example, your driver's license or	First name MELISA	First name
	passport).	Middle name BERTHOUD	Middle name
	Bring your picture identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your Social Security number or federal	xxx - xx - <u>8 4 8 2</u>	XXX XX
	Individual Taxpayer	9 xx xx	9 xx - xx
	Identification number (ITIN)	TAN MANAGEMENT AND	~ ~ ~

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Debtor 1	First Name Middle N	Last Name	D		Case number (# known)	
		About Debtor 1:			About Debtor 2 (Spouse Only	y in a Joint Case):
and Ide	y business names I Employer ntification Numbers N) you have used in	I have not used any	business names or	EINs.	☐ I have not used any busine	ss names or EINs.
	last 8 years	Business name		***************************************	Business name	
	ude trade names and ng business as names		14.10.1.14.10.11.11.11.11.11.11.11.11.11.11.11.11.		W0-74-74-74-74-74-74-74-74-74-74-74-74-74-	
		Business name			Business name	
		<u>EIN</u> — — — —	MATERIAL APPEARS OF TAXABLE ASSESSMENT		EIN	
		EIN — — — —			EIN	THE MITTERS AND ADDRESS.
. W ho	ere you live				If Debtor 2 lives at a different	address:
		815 OLIVER STRE Number Street	ET		Number Street	
		AURORA City	IL State	60505 ZIP Code	City	State ZIP Co
		KANE County			County	
		If your mailing address above, fill it in here. No any notices to you at this	te that the court will		If Debtor 2's mailing address yours, fill it in here. Note that any notices to this mailing addre	the court will send
		Number Street			Number Street	
		P.O. Box		i i i i manifessi di seri de serie con di servicio sedio.	P.O. Box	
		City	State	ZIP Code	City	State ZIP Cod
Why	y you are choosing district to file for	Check one:			Check one:	
	kruptcy	Over the last 180 day I have lived in this dis other district.	s before filing this p trict longer than in a	etition, any	 Over the last 180 days befor I have lived in this district lor other district. 	e filing this petition, iger than in any
		l have another reasor (See 28 U.S.C. § 140			l have another reason. Expla (See 28 U.S.C. § 1408.)	iin.
					MANA A	

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Debto	r 1 KAREN First Name	MELISA I	BERTHOU Last Name	<u>D</u>		Case number (#1	known)	
2501100544411	and the same							
Part	24 Tell the Cour	t About Your E	Jankruptcy C	ase				
	he chapter of the ankruptcy Code yo			one. (For a brief description of each, see <i>Notice Required by 11 U.S.C. § 342(b) for Individuals Filing</i> Struptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.				
are c	re choosing to file	☑ Cha	pter 7					
u	nder	☐ Cha	pter 11					
		☐ Cha	pter 12					
		☐ Cha	pter 13					
8. H	ow you will pay the	loca your subr with i nec App By la less pay	al court for more reelf, you may mitting your part a pre-printed ed to pay the dication for Indication for Indi	e details about pay with cash, syment on your address. fee in installnividuals to Pay fee be waived ay, but is not rethe official povallments). If you	t how you m , cashier's or behalf, you nents. If you The Filing I (You may equired to, werty line that u choose th	nay pay. Typical check, or money ur attorney may u choose this of Fee in Installme request this optwaive your fee, at applies to you mis option, you m	eck with the clerk's office in your lly, if you are paying the fee order. If your attorney is pay with a credit card or check office, sign and attach the ents (Official Form 103A). It ion only if you are filing for Chapter 7, and may do so only if your income is or family size and you are unable to nust fill out the Application to Have the with your petition.	
	ave you filed for	☐ No				·		
	enkruptcy within th st 8 years?	e 🗹 Yes.	District		When	MM / DD / YYYY	Case number	
			District		When	MM / DD / YYYY	Case number	
			District		When		Case number	
						MM / DD / YYYY		
	e any bankruptcy	₩ No						
	ises pending or be ed by a spouse wh	ing ois 🔲 Yes.	Debtor				Relationship to you	
no yo pa	ot filing this case wou, or by a busines: artner, or by an filiate?	ith					Case number, if known	
			Debtor	**************************************			Relationship to you	
			District	**************************************	When	MM / DD / YYYY	Case number, if known	
	you rent your sidence?	☐ No. Ø Yes.	 Go to line 12. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? 					
			No. Go to li		of About on F	riotion ludomont	Against You (Form 101A) and file it with	
				ptcy petition.	n About dii E	-vouver vuogenelle	riganist rou (i offi 10 th) and file it with	

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De	btor 1 KAREN MEL	ISA	BERTHOUD Last Name		Case	umber (# 1000m	n)	
P	Report About Any I	3usines	ses You Own as a So	le Propri	etor			
12.	Are you a sole proprietor	☑ No.	Go to Part 4.					
	of any full- or part-time business?	☐ Yes	. Name and location of bu	usiness				
	A sole proprietorship is a							
	business you operate as an individual, and is not a separate legal entity such as		Name of business, if any					
	a corporation, partnership, or LLC.		Number Street				Ministrative and the second se	
	If you have more than one sole proprietorship, use a							
	separate sheet and attach it to this petition.							
			City			State	ZIP Code	
			Check the appropriate b	ox to descr	ibe your business:			
			☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))					
			☐ Single Asset Real E	state (as de	fined in 11 U.S.C.	§ 101(51B)))	
			☐ Stockbroker (as defi					
			Commodity Broker (as defined i	n 11 U.S.C. § 101	(6))		
			☐ None of the above					
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	can set most re any of t	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).					
	For a definition of small		lo. I am not filing under Chapter 11.					
	business debtor, see 11 U.S.C. § 101(51D).	Ŭ No.	No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.					
		☐ Yes.	I am filing under Chapter Bankruptcy Code.	r 11 and I a	m a small busines:	s debtor acc	cording to the definition in the	
Pa	7149 Report if You Own o	or Have	Any Hazardous Prop	erty or Ar	ny Property Tha	ıt Needs I	Immediate Attention	
14	Do you own or have any	☑ No						
• • •	property that poses or is		What is the hazard?					
	alleged to pose a threat of imminent and	100	White is the Hazard			······································	***	
	identifiable hazard to					And the second		
	public health or safety? Or do you own any							
	property that needs immediate attention?		If immediate attention is	s needed, w	hy is it needed?_	······································	***	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?							
			Where is the property?		2.			
				Number	Street			
				City			State ZID Code	

Debtor 1

KAREN	MELISA	BERTHOUD
First Name	Middle Name	Last Name

Case number (ij known)
---------------	-----------

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Abo	IJĖ	De	bi	or	1	:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

u	I am not required	to receive a	briefing about
	credit counseling		

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

Ĺ	1	ł	an	not	requi	red to	rece	ive	a	briefing	about
		c	rec	dit co	ounse	ling b	ecau	se c	f:		

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-38448 Doc 1 Filed 12/06/16 Entered 12/06/16 11:42:09 Desc Main Document Page 6 of 55

Del	otor 1 KAREN MEL	, , , , , , , , , , , , , , , , , , , 	Case number (# to)OM1)
Pa	nt 6: Answer These Que	stions for Reporting Purpo	\$ @ \$	
16.	What kind of debts do you have?	as "incurred by an individual No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts prima money for a business or in No. Go to line 16c. Yes. Go to line 17.	arily consumer debts? Consumer debts and primarily for a personal, family, or house the primarily for a personal, family, or house the second primarily business debts? Business debts are not consumer debts or business debts are not consumer debts or business.	are debts that you incurred to obtain business or investment.
17.	Are you filing under Chapter 7?	☐ No. I am not filing under C	chapter 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chap administrative expens No Yes	ter 7. Do you estimate that after any exer es are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
	How many creditors do you estimate that you owe?	☑ 1-49 □ 50-99 □ 100-199 □ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000
	How much do you estimate your assets to be worth?	□ \$0-\$50,000 ⊇ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	How much do you estimate your liabilities to be?	□ \$0-\$50,000 ☑ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Pa	1174 Sign Below		·	
Foi	r yo u	correct. If I have chosen to file under Ch	nd I declare under penalty of perjury that napter 7, I am aware that I may proceed, I understand the relief available under ea	if eligible, under Chapter 7, 11,12, or 13
		If no attorney represents me an this document, I have obtained I request relief in accordance w I understand making a false sta	ult in fines up to \$250,000, or imprisonme and 3571. Signature 2016 Executed	c. § 342(b). Gode, specified in this petition. I money or property by fraud in connection on the connection of the con

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Debtor 1 KAREN MEL First Name Middle Name		Case number (# known)_	
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in this petition, de to proceed under Chapter 7, 11, 12, or 13 of title 11, Uni available under each chapter for which the person is elig the notice required by 11 U.S.C. § 342(b) and, in a case knowledge after an inquiry that the information in the school of the control of the co	ted States Code, an pible. I also certify the in which § 707(b)(4 nedules filed with the	d have explained the relief at I have delivered to the debtor(s) (D) applies, certify that I have no
	Printed name		
	Number Street		
	City	State	ZIP Code
	Contact phone	Email address	***************************************
	Bar number	State	

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7 0 060(AREN MELIS et Name Middle Name	SA BERTHOUD Last Name	Case number (# known)				
bankruptcy v attorney		should understand that many pe themselves successfully. Because	I, to represent yourself in bankruptcy court, but you ople find it extremely difficult to represent se bankruptcy has long-term financial and legal urged to hire a qualified attorney.				
If you are represented by an attorney, you do not need to file this page.		To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.					
		court. Even if you plan to pay a partic in your schedules. If you do not list a property or properly claim it as exemp also deny you a discharge of all your case, such as destroying or hiding pro cases are randomly audited to determ	bts in the schedules that you are required to file with the ular debt outside of your bankruptcy, you must list that debt debt, the debt may not be discharged. If you do not list t, you may not be able to keep the property. The judge can debts if you do something dishonest in your bankruptcy operty, falsifying records, or lying. Individual bankruptcy line if debtors have been accurate, truthful, and complete.				
		hired an attorney. The court will not tr successful, you must be familiar with	y, the court expects you to follow the rules as if you had eat you differently because you are filing for yourself. To be the United States Bankruptcy Code, the Federal Rules of ules of the court in which your case is filed. You must also aws that apply.				
		Are you aware that filing for bankrupto consequences? No Yes	ry is a serious action with long-term financial and legal				
		Are you aware that bankruptcy fraud in inaccurate or incomplete, you could be No	s a serious crime and that if your bankruptcy forms are a fined or imprisoned?				
		No Yes. Name of Person	who is not an attorney to help you fill out your bankruptcy forms?				
		have read and understood this notice,	understand the risks involved in filing without an attorney. I and I am aware that filing a bankruptcy case without an attorney if I do not properly handle the case.				
	,	* ha Moser	Simple of Dakton 1				
		Signature of Debtor 1 Date	Signature of Debtor 2 Date				

Cell phone

Email address

Contact phone

Cell phone

Email address

Debtor 1	KAREN	MELISA	BERTHOU	UD
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court	t for the: Northern District of Illino	ois [lacksquare
Case number	(If known)			

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible nformation. Fill out all of your schedules first; then complete the information on this form. If you are filing amen your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	
Pari 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	0.00
1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$250.00
1c. Copy line 63, Total of all property on Schedule A/B	····· \$250.00
Part 29 Summarize Your Liabilities	
	Your liabilities Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$0.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 48,400.20
Your total liabilities	es \$ 48,400.20
Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)	0.00
Copy your combined monthly income from line 12 of Schedule I	\$0.00

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Debt	or 1	KAREN First Name	MELISA		BERTHOUD	Case nu	mber (if known)	····		310.40.00.00.00.00.00.00.00.00.00.00.00.00
		riist Name	Middle Name	Last Name						
Par	14:	Answer The	se Questions fo	r Administrative	and Statistical Rec	ords				

		-	kruptcy under Cha	•						
	No. Yes		ing to report on this	part of the form. Che	eck this box and submit	this form to	o the court wit	h your othe	r schedules.	
7. V	Vhat ki	nd of debt do	you have?							
į	You fami	i r debts are pr ily, or househol	imarily consumer o	debts. Consumer de C. § 101(8). Fill out l	bts are those "incurred ines 8-9g for statistical	by an indiv purposes. 2	idual primarily 28 U.S.C. § 1	/ for a perso 59.	onal,	
(ot primarily consun		nothing to report on thi	is part of th	e form. Check	this box ar	nd submit	
8. F	From the	ne <i>Statement c</i> 22A-1 Line 11;	of Your Current Mo. OR, Form 122B Line	nthly Income: Copy e 11; OR, Form 1220	your total current mont C-1 Line 14.	hly income	from Official	į	\$	0.00
								j		
9. C	opy the	e following sp	ecial categories of	claims from Part 4	, line 6 of Schedule E/	/F :				
						7	Total claim			
	From I	Part 4 on Scho	edule E/F, copy the	following:						
9	a. Dom	estic support o	bligations (Copy line	e 6a.)		S	i	0.00		
9	b. Taxe	es and certain o	other debts you owe	the government. (Co	opy line 6b.)	\$		0.00		
9	c. Clain	ns for death or	personal injury while	e you were intoxicate	ed. (Copy line 6c.)	\$		0.00		
9	d. Stud	ent loans. (Cop	by line 6f.)			\$		0.00		
9		pations arising of the claims. (Cop		agreement or divorce	that you did not report	as \$.	0.00		
9	f. Debt	s to pension or	profit-sharing plans	, and other similar d	ebts. (Copy line 6h.)	+ \$		0.00		
9	g. Tota l	I. Add lines 9a	through 9f.			\$	<u> </u>	0.00		
						<u> </u>		***************************************		

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	*		Document	Page 11 of 55		
Fill in th	nis information to identif	y your case and thi	s/filing:			
	KAREN	MELISA	BERTHOUD			
Debtor 1	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if	filing) First Name	Middle Name	Last Name			
United St	ates Bankruptcy Court for the	: Northern District of	Illinois			
Case nun	nber					
					Į	Check if this is an amended filing
						amended illing
Offic	ial Form 106A/	B				
Sch	redule A/B:	Propert	У			12/15
categor respons	ry where you think it fits sible for supplying corre our name and case numb	best. Be as comple ct information. If m per (if known). Ansv	ete and accurate as poore space is needed, wer every question.	once. If an asset fits in more ossible, if two married peopl attach a separate sheet to th at Estate You Own or Hav	e are filing together, be is form. On the top of	oth are equally
1 Do vo	ou own or have any legal	or equitable intere	st in any residence. h	uilding, land, or similar prop	ertv?	
	o. Go to Part 2.			and it of the prop	····y .	
Q Y	es. Where is the property?	•				
			What is the proper Single-family hor	rty? Check all that apply. me	Do not deduct secured cl the amount of any secure	
1.1.	Street address, if available, or	or other description	Duplex or multi-u		Creditors Who Have Clair	
	O		Condominium or Manufactured or	•	Current value of the entire property?	Current value of the portion you own?
			Land	incore nome	\$	\$
			Investment prope	erty	Describe the second	
	City	State ZIP Code	☐ Timeshare ☐ Other		Describe the nature interest (such as fee	simple, tenancy by
				st in the property? Check one.	the entireties, or a lif	e estate), ff known.
			Debtor 1 only			
	County		Debtor 2 only		Chack if this is co	ommunity property
			Debtor 1 and Deb	otor 2 only e debtors and another	(see instructions)	minimizer property
			Other information	you wish to add about this it	em, such as local	
lf vou	own or have more than or	ne list here:	property identificat	tion number:	<u> </u>	
" you	omit of navo more and or	io, not rore.	What is the property	/? Check all that apply.	Do not deduct secured cla	sims or exemptions. Put
1.2.			Single-family home		the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
(Street address, if available, o	or other description	Duplex or multi-un Condominium or or			Current value of the
			Manufactured or m	•	entire property?	portion you own?
			Land	.	\$	\$
			Investment propert	ty	Describe the nature of	
	City	State ZIP Code	Other		interest (such as fee the entireties, or a life	
				in the property? Check one.		
		7.117.117.117.117.117.11.117.11.117.117	Debtor 1 only			
	County		Debtor 2 only Debtor 1 and Debto	or 2 only	Check if this is co	mmunity nronarty
			At least one of the		(see instructions)	mandanty property
				ou wish to add about this iter on number:		

Debtor 1	Case 16-38448 Doc 1 F KAREN MELISA First Name Middle Name Last Name	Filed 12/06/16 Entered 12/06/16 Decuments Page 12 of 55		
1.3.		What is the property? Check all that apply. Single-family home	Do not deduct secured cl the amount of any secure Creditors Who Have Clai.	ed claims on Schedule D:
	Street address, if available, or other description	Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
		Land	\$	\$
		☐ Investment property		
	City State ZIP Code	Timeshare	Describe the nature of Interest (such as fee	
		Other	the entireties, or a lif	
		Who has an interest in the property? Check one.		
		Debtor 1 only		
	County	Debtor 2 only	,	
		Debtor 1 and Debtor 2 only	Check if this is co (see instructions)	mmunity property
		At least one of the debtors and another	(see instructions)	
		Other information you wish to add about this ite property identification number:	em, such as local	
	ave auached for Part 1. Write that humber i	iere	***************************************	
art 27 o you c ou own	that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles,	at in any vehicles, whether they are registered or a contract and a second or		ims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property</i> .
o you cou own to Cars,	wwn, lease, or have legal or equitable interes that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, o es Make: Model: Year: Approximate mileage:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the	ims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property.</i> Current value of the portion you own?
Cars, O You Con Own 1	wwn, lease, or have legal or equitable interes that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, o es Make: Model: Year: Approximate mileage:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property?	ims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property.</i> Current value of the portion you own?
Cars, Q No. 3.1.	wwn, lease, or have legal or equitable interes that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, o es Make: Model: Year: Approximate mileage: Other information:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claim	ims or exemptions. Put id claims on Schedule D: ins Secured by Property. Current value of the portion you own? \$
Cars, If you 3.2.	wwn, lease, or have legal or equitable interes that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, or es. Make: Model: Year: Approximate mileage: Other information:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the entire property?	nims or exemptions. Put id claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Cars, And Ye 3.1.	wwn, lease, or have legal or equitable interesthat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, on es. Make: Model: Year: Approximate mileage: Other information: own or have more than one, describe here: Make: Model:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any secured Creditors Who Have Claim	ims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Cars, A 3.1. If you 3.2.	wwn, lease, or have legal or equitable interesthat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, on the session of the sessio	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claim the amount of any secured claim.	ims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Cars, Mo	wwn, lease, or have legal or equitable interesthat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, or ses. Make: Model: Year: Approximate mileage: Other information: Make: Model: Year: Approximate mileage: Make: Model: Year: Approximate mileage:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secured Current value of the entire property? Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property?	ims or exemptions. Put id claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ ims or exemptions. Put id claims on Schedule D: is Secured by Property. Current value of the
Cars, Mo	wwn, lease, or have legal or equitable interesthat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, on the session of the sessio	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secured Current value of the entire property? Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property?	ims or exemptions. Put it claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$

3.3.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cl the amount of any secure	
	Model:	Debtor 1 only	Creditors Who Have Clair	
	Year:	Debtor 2 only	Comment value of the	Comment realize of the
		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of th portion you own?
	Approximate mileage:	At least one of the debtors and another		,
	Other information:	Check if this is community property (see instructions)	\$	\$
3.4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured di	aims or exemptions. Put
~. -7,	Model:	Debtor 1 only	the amount of any secure	
		Debtor 2 only	Creditors Who Have Clair	тѕ Ѕесигеа ву Рторепу.
	Year:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:	Check if this is community property (see instructions)	\$	\$
	ples: Boats, trailers, motors, personal o	and other recreational vehicles, other vehicles, and acces watercraft, fishing vessels, snowmobiles, motorcycle accesso		
Exam Z i N	ples: Boats, trailers, motors, personal of the second of t	r ·	Do not deduct secured da the amount of any secure	d claims on Schedule D:
Exam ZIN IY	ples: Boats, trailers, motors, personal of the second seco	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one.	ories Do not deduct secured cla	d claims on Schedule D:
Exam ZIN IY	ples: Boats, trailers, motors, personal of the session of the sess	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured da the amount of any secured Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property.
Exam ZIN IY	ples: Boats, trailers, motors, personal of the second seco	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured da the amount of any secure	d claims on Schedule D: ns Secured by Property.
Exam ZIN IY	ples: Boats, trailers, motors, personal of the session of the sess	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured da the amount of any secure Creditors Who Have Clain	d claims on Śchedule D: ns Secured by Property. Current value of the
Exam ✓ N Your	ples: Boats, trailers, motors, personal of the session of the sess	watercraft, fishing vessels, snowmobiles, motorcycle accessor Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured da the amount of any secure Creditors Who Have Clain	d daims on Schedule D: ns Secured by Property. Current value of the portion you own?
Exam ✓ N → Y 4.1.	Make: Model: Year: Other information:	watercraft, fishing vessels, snowmobiles, motorcycle accessor Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured da the amount of any secure Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Exam ✓ N → Yi	Make: Model: Year: Other information: Own or have more than one, list here: Make:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer	d daims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Exam ✓ N → Y 4.1.	ples: Boats, trailers, motors, personal to ess Make: Model: Other information: own or have more than one, list here: Make:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured da the amount of any secure Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured da the amount of any secure Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Exam ✓ N → Y 4.1.	Make: Model: Year: Own or have more than one, list here: Make: Model: Year: Make: Make: Make: Make: Make: Make: Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only	Do not deduct secured dathe amount of any secure Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured dathe amount of any secure Creditors Who Have Clain Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Exam ✓ N → Y 4.1.	ples: Boats, trailers, motors, personal to ess Make: Model: Other information: own or have more than one, list here: Make:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured da the amount of any secure Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured da the amount of any secure Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Exam ✓ N → Y 4.1.	Make: Model: Year: Own or have more than one, list here: Make: Model: Year: Make: Make: Make: Make: Make: Make: Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only	Do not deduct secured dathe amount of any secure Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured dathe amount of any secure Creditors Who Have Clain Current value of the	d daims on Schedule D: ns Secured by Property. Current value of the portion you own? \$

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Debtor 1

4.

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Debtor 1

Part 33 Describe Your Personal and Household Items

D	o you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings	
	Examples: Major appliances, fumiture, linens, china, kitchenware	
	☑ No	
	Yes. Describe	\$
		THE THEORY
7.	Electronics Communication of the state of t	
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	No Possibe and The State of the	
	Yes. Describe CELL PHONE	\$80.00
8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;	
	stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	2 No	
	Yes. Describe	\$
_	Considerate the annual and babbles	
9 .	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	
	and kayaks; carpentry tools; musical instruments	
	□ No	
	Yes, Describe BICYCLE	\$ 20.00
		Y
10.	Firearms	
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment No	
	Yes. Describe	
	too. Degoning	\$
11.	Clothes	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	No State of the st	
	Yes, Describe SHOES AND CLOTHES	\$150.00
12.	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	☑ No	
	Yes. Describe	\$
3.	Non-farm animals	
	Examples: Dogs, cats, birds, horses	
	☑ No	
	Yes. Describe	\$
		7
: ,	Any other personal and household items you did not already list, including any health aids you did not list	
	☑ No	
	Yes. Give specific	\$
	information	V
5.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$
	for Part 3. Write that number here	230.00

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Debtor 1

MELISA

Decemento Page 15 of 55 mber (# known)

ON WHE	10.53	1000	887 1
额量	711		н

Describe Your Financial Assets

Do you own or have an	y legal or equitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash Examples: Money yo	u have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you	file your petition	
☐ No				¢ 20.00
¥4 Yes			Cash:	\$
17. Deposits of money Examples: Checking, and other	savings, or other financial accousimilar institutions. If you have m	unts; certificates of deposit; shares in credit union: nultiple accounts with the same institution, list eac	s, brokerage houses, h.	
2 No				
☐ Yes		Institution name:		
	17.1. Checking account:			\$
	17.2. Checking account:	***	to a constant and a state of the Add Web Add Add Add Add Add Add Add Add Add Ad	\$
	17.3. Savings account:			\$
	17.4. Savings account:			\$
	17.5. Certificates of deposit:			\$
	17.6. Other financial account:		, , , , , , , , , , , , , , , , , , , 	\$
	17.7. Other financial account:			\$
	17.8. Other financial account:			\$
	17.9. Other financial account:			\$
-	s, or publicly traded stocks s. investment accounts with brok	erage firms, money market accounts		
2 No				
☐ Yes	Institution or issuer name:			
				\$
				\$
				\$
19. Non-publicly traded an LLC, partnership.		rated and unincorporated businesses, includi	ng an interest in	
2 No	Name of entity:		% of ownership:	
Yes. Give specific information about			0%%	\$
them			0%%	\$
			0%%	\$

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20	Negotiable instruments i	orate bonds and other negotiable and non-negotiable instruments nclude personal checks, cashiers' checks, promissory notes, and money orders. ents are those you cannot transfer to someone by signing or delivering them.	
	☑ No		
	Yes. Give specific	Issuer name:	
	information about		œ
	them		\$
			\$
			\$
21	Retirement or pension		
	•	RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	☑ No		
	Yes. List each account separately.	Type of account: Institution name:	
		401(k) or similar plan:	\$
		Pension plan:	\$
		IRA:	\$
		Retirement account:	\$
		Keogh:	\$
		Additional account:	\$
		Additional account:	\$
		AND THE CONTROL OF TH	Ψ
2.		deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	\$
		Gas:	\$
		Heating oil:	\$
		Security deposit on rental unit:	•
		Prepaid rent:	Ψ
		Telephone:	\$
			\$
		Water:	\$
		Rented furniture:	\$
		Other:	\$
3.	Annuities (A contract for	a periodic payment of money to you, either for life or for a number of years)	
	1 No		
	Q Yes	Issuer name and description:	
			. \$
			\$
			\$

Filed 12/06/16 Entered 12/06/16 11:42:09 Desc Main Case 16-38448 Doc 1 Decemento Page 17 of 55 timber (if known) **MELISA** Debtor 1 24 Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Z No 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No. Yes. Give specific information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements 2 No Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Z No Yes. Give specific information about them.... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ Yes. Give specific information Federal. about them, including whether you already filed the returns State: and the tax years..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Z No Yes, Give specific information..... Alimony: Maintenance: \$_____ Support:

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

Z No

Yes. Give specific information.....

Divorce settlement: Property settlement:

Filed 12/06/16 Entered 12/06/16 11:42:09 Desc Main Case 16-38448 Doc 1 Desermento Page 18 Qf 55 mmber (# Known) **MELISA** Debtor 1 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Z No Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. Z No Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue 2 No Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims Z No Yes. Describe each claim. 35. Any financial assets you did not already list Z No Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No Yes. Describe......

Official Form 106A/B

Yes. Describe.....

☐ No

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Debtor 1	Case 16- KAREN First Name		Doc 1 ELISA Last Na	Filed 12/06/16 Decimento	Entered 12/06/16 Page 19 of 55 Page 19 case number (# km	11:42:09	Desc Main
40. Machin		įuipment, s		use in business, and too			
	s. Describe						\$
41. Invento No Yes							\$
☐ No	ts in partnershi	-				% of ownership:	
						%	\$
						%	\$
		***************************************				%	\$
☐ No	ner lists, mailing B. Do your lists i No Yes. Descr	include pers			afined in 11 U.S.C. § 101(41A))	?	\$
☐ No ☐ Yes	siness-related p s. Give specific ormation						\$
							\$ \$
							\$
		***************************************					\$
						······································	\$
		-			tries for pages you have atta	_	\$
Part 6:				cial Fishing-Related and, list it in Part 1.	Property You Own or Have	e an Interest I	n.
₩ No.	own or have an Go to Part 7. Go to line 47.	y legal or e	quitable inte	rest in any farm- or com	mercial fishing-related prope	rty?	
							Current value of the portion you own? Do not deduct secured claims or exemptions.
47. Farm a Exampl	nimais les: Livestock, po	ultry, farm-ra	aised fish				
☑ No	·						
∟ Yes	i						
							\$

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Debtor 1	KAREN	MELISA	BERTHOUC)	С	ase number (# known)		
	First Name	Middle Name	Last Name					
48. Crops-	-either growing	g or harvested						
Ø No								
	s. Give specific ormation						\$	
	nd fishing equi	pment, impleme	nts, machinery, fixtur	es, and tools	of trade			
2 No ☐ Ye:	3							
							\$	
50. Farm a	nd fishing sup	olies, chemicals,	, and feed					
Ø No □ Vo	S							
Te:	S						\$	
51. Any fai	m- and comme	rcial fishing-rela	ited property you did	not already lis	st			
☐ No		-						
	s. Give specific ermation						\$	
52. Add th	e dollar value o	of all of your enti	ries from Part 6, includ	ding any entri	es for pages	you have attached	<u>s</u>	0.00
for Par	t 6. Write that n	umber here		***************************************	•••••		>	
	i							
Part 7:	Describe /	\ii Property \	fou Own or Have	an Interes	it in That \	ou Did Not List Ab	ove	
			d you did not already	list?				
Example No	es: Season tickets,	country club memb	ership					
☐ Yes	s. Give specific						\$	en manuscus description des la finida de la cita de 1440.
inte	mation						\$ \$	***************************************
							· · · · · · · · · · · · · · · · · · ·	
54. Add the	e dollar value o	f all of your entr	ies from Part 7. Write (that number h	nere		> \$	
	•							
Part 8:	List the To	otals of Each	Part of this Form	<u> </u>				
55. Part 1 :	Total real estat	e, line 2		***************************************			→ \$	0.00
56. Part 2:	Total vehicles,	line 5		\$	0.00			
57. Part 3:	Total personal	and household i	tems, line 15	\$	250.00			
	Total financial		,	•	0.00			
				Ψ	0.00			
59. Part 5:	Total business	-related property	r, line 45	\$	0.00			
60. Part 6:	Total farm- and	fishing-related	property, line 52	\$				
61. Part 7 :	Total other pro	perty not listed,	line 54	+\$	0.00			
62. Total p e	ersonal propert	y. Add lines 56 th	rough 61	\$	250.00	Copy personal property to	tal → + \$	250.00
63. Total of	all property or	Schedule A/B.	Add line 55 + line 62		•••••••	•••••••••••	\$	250.00

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information to ider	ntify your case:	
KAREN	MELISA	BERTHOUD
First Name	Middle Name	Last Name
g) First Name	Middle Name	Last Name
s Bankruptcy Court for	the: Northern District of	Illinois
r		
9	KAREN First Name First Name Bankruptcy Court for	First Name Middle Name 3) First Name Middle Name 5 Bankruptcy Court for the: Northern District of

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Р	7	т	38	ъ	

Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

		on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description:	CLOTHES	\$ <u>150.00</u>	Ø \$ 150.00	735 ILCS 5/12-1001(a)
	Line from Schedule A/B:	В		☐ 100% of fair market value, up to any applicable statutory limit	
	Brief description:	BYCICLE	\$ <u>20.00</u>	Ø \$ 20.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B:	<u>B</u>		☐ 100% of fair market value, up to any applicable statutory limit	**************************************
	Brief description:	CELL PHONE	\$_80.00	∅ \$ <u>80.00</u>	735 ILCS 5/12-1001(b)
	Line from Schedule A/B:	<u>B</u>		100% of fair market value, up to any applicable statutory limit	
3	Are you claimii	ng a homestead exemption o	f more than \$160,375?		
((Subject to adju∷ ☑ No	stment on 4/01/19 and every 3	years after that for case	s filed on or after the date of adjustment.)	•

3

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Case number (if kinown)

KAREN First Name

MELISA

Debtor 1

Part 2

Additional Page

		ion of the property and line A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption	
	Brief description:	<u></u>	\$	□ \$ □ 100% of fair market value, up to	
	Line from Schedule A/B:			any applicable statutory limit	
	Brief description: Line from		\$	\$ to to	
	Schedule A/B:			any applicable statutory limit	
	Brief description:		\$	\$ \$ 100% of fair market value, up to	
	Line from Schedule A/B:			any applicable statutory limit	
	Brief description:	***************************************	\$	O \$	
	Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	PARAMETERS VIEW VIEW PARAMETERS VIEW VIEW VIEW VIEW VIEW VIEW VIEW VIEW
	Brief description:		\$	Q \$	
	Line from Schedule A/B:	NATIONAL PROGRAMME.		100% of fair market value, up to any applicable statutory limit	
	Brief description:		\$	<u> </u>	
	Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
	Brief description:		\$	<u></u> \$	
	Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	***************************************
	Brief description:		\$	O \$	
	Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
	Brief description:	***************************************	\$		
	Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
	Brief description:		\$		
i	ine from Schedule A/B:	Authorities (MANAGE)		100% of fair market value, up to any applicable statutory limit	
-	Brief description:		\$	D \$	
	ine from Schedule A/B:	sudvalentument de transport		100% of fair market value, up to any applicable statutory limit	**************************************
	3rief Jescription:		\$		
l	ine from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	

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Fill in this information to identify your co	ase.				
Debtor 1 KAREN MELI	ISA	BERTHOUD			
First Name Middl	le Name	Last Name			
Debtor 2 (Spouse, if filing) First Name Middl	le Name	Last Name			
United States Bankruptcy Court for the: Norther	m District of Illinois				
Case number	The state of the s			, - .	
(If known)					if this is an ded filing
				anen	aco ming
Official Form 106D					
Schedule D: Credito	rs Who Ha	ave Claims Sec	ured by Pro	perty	12/15
Be as complete and accurate as possible information. If more space is needed, considering additional pages, write your name and considering and creditional pages, write your name and considering and conside	py the Additional F ase number (if known by your property? orm to the court with	age, fill it out, number the er wn).	tries, and attach it to th	is form. On the top o	f any
List all secured claims. If a creditor has for each claim. If more than one creditor As much as possible, list the claims in alp	has a particular clair	n, list the other creditors in Par	t 2. Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Describe the pro	perty that secures the claim:	s.	s	\$
Creditor's Name			· · · · · · · · · · · · · · · · · · ·	······································	-¥
Number Street					
Manner Sheet	As of the date vo	u file, the claim is: Check all tha	annly		
· · · · · · · · · · · · · · · · · · ·	Contingent	a me, the claim is. Oncor all tha	арріу,		
	Unliquidated				
City State ZIP Code	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Ch	eck all that apply.			
Debtor 1 only		you made (such as mortgage or se	cured		
Debtor 2 only	car loan)	nanah madan Ban massati satata Massa			
Debtor 1 and Debtor 2 only At least one of the debtors and another	Judgment lien	such as tax lien, mechanic's lien)			
_		a right to offset)			
Check if this claim relates to a community debt	,				
Date debt was incurred	Last 4 digits of a	count number			
2		perty that secures the claim:	······	\$	e
Creditor's Name		perty that secures the claim:	Ψ	P	\$
Number of Change	-		:		
Number Street	As of the date we	u file, the claim is: Check all that	anni.		
The state of the s	Contingent	u me, the cidim is. Check all that	appiy.		
	Unliquidated				
City State ZIP Code	Disputed				
Who owes the debt? Check one.	Nature of lien. Ch	eck all that apply.			
Debtor 1 only		ou made (such as mortgage or sec	ured		
Debtor 2 only	car loan)	or made fares es mostgage of \$80	ureu		
Debtor 1 and Debtor 2 only		uch as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien f				
Check if this claim relates to a community debt	Other (including	a right to offset)			
Date debt was incurred	Last 4 digits of ac	count number			
Add the dollar value of your entries in		The state of the s	. s0.00	.1	

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KAREN

MELISA

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Debtor 1

First Name

BERTHOUD

Case number (#known)

Additional Page Part 1: After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Describe the property that secures the claim:	\$	\$:	\$
Creditor's Name				
Number Street	-			
	 As of the date you file, the claim is: Check all that apply. 			
City State ZIP Code	Contingent Unliquidated			
Ony State Zir Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
D. O. C. Waller and C. Co.	Other (including a right to offset)	_		
☐ Check if this claim relates to a community debt				
-	I and delicate of an accordance			
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$ 5	•
Creditor's Name			~	~~~~
	-	: :		
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	·			
Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	An agreement you made (such as mortgage or secured			
Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
	Other (including a right to offset)			
Check if this claim relates to a community debt		•		
·				
Date debt was incurred	Last 4 digits of account number			
	Paramites the manuscript that a common the status.			
Creditor's Name	Describe the property that secures the claim:	9	\$\$	
Number Street	•			
	- As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entries	s in Column A on this page. Write that number here:			
•	add the dollar value totals from all pages.	\$		
Write that number here:	ava the donar value totals. Hom all pages.	\$		

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Document BERTHOUD

Debtor 1

Part 2:

KAREN

List Others to Be Notified for a Debt That You Already Listed

Case number (if known)

aç ye	gency is tr	ring to collect from you	u for a debt you owe to or any of the debts that	someone else, list to t you listed in Part 1,	r a debt that you already listed in Part 1. For example, if a collection he creditor in Part 1, and then list the collection agency here. Similarly, i list the additional creditors here. If you do not have additional persons t
]				On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street	<u></u>		_
	City		State	ZIP Code	- -
	}				On which line in Part 1 did you enter the creditor?
	Name	<u> </u>		<u> </u>	Last 4 digits of account number
	Number	Street			_
	City		State	ZIP Code	
]				On which line in Part 1 did you enter the creditor?
	Name	·			Last 4 digits of account number
	Number	Street			_
	City		State	ZIP Code	- -
					On which line in Part 1 did you enter the creditor?
	Name	en manne en de europe e en		**************************************	Last 4 digits of account number
	Number	Street			-
	City		State	ZIP Code	-
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
	City		State	ZIP Code	- -
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
	0.4		0.4	710.0	-
	Citv		State	ZIP Code	

Case 16-38448 Doc 1 Filed 12/06/16 Entered 12/06/16 11:42:09 Desc Main Page 26 of 55 Fill in this information to identify your case: KAREN **MELISA** BERTHOUD Debtor 1 First Name Middle Name Last Name (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an amended filing (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent City ZIP Code ☐ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were Is the claim subject to offset? Other Specify ON DO Yes 2.2 Last 4 digits of account number ____ \$____ Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Contingent Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Other, Specify Is the claim subject to offset? ☐ No ☐ Yes

Debto	Case 16-38448 DO MEL First Name Middle Name List All of Your NONPRIO	Last Name	Docume	HOUD	Entered 12/06/16 11:42:09 Del Page 27 6 Sumber (# known)	esc Main
<u></u>	Do any creditors have nonpriority ur No. You have nothing to report in the			•	urt with your other schedules.	
n	nonpriority unsecured claim, list the cre	editor separ editor holds	rately for each cla	aim. Fo	r of the creditor who holds each claim. If a creditor reach claim listed, identify what type of claim it is. Do see other creditors in Part 3.If you have more than three	not list claims already
						Total claim
4.1	SECURITY FINANCE CORPO	ORA		1.5	est 4 digits of account number 5 7 9 9	400.0
	Nonpriority Creditor's Name		····		04/04/0044	s196.00
	PO BOX 3146			W	hen was the debt incurred? 04/21/2014	
	Number Street					
	SPARTANBURG	SC State	29304 ZIP Code	Δα	of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code		,	
	187 - In a company of the self-ten (C) - 1			₩.		
	Who incurred the debt? Check one.					
	Debtor 1 only			L	Disputed	
	Debtor 2 only			-	as as a company of the company of th	
	Debtor 1 and Debtor 2 only			1)	pe of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	•			Student loans	
	Check if this claim is for a commu	nity debt			Obligations arising out of a separation agreement or divorce that you did not report as priority claims)
	Is the claim subject to offset?				Debts to pension or profit-sharing plans, and other similar de	ebts
	□ No			5/	Other Specify CREDIT CARD	

	PO BOX 3140				
	Number Street SPARTANBURG	SC	29304		
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a common is the claim subject to offset? No Yes			Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT CARD	
4.2	SECURITY FINANCE CORPO Nonpriority Creditor's Name PO BOX 3146	ORA	· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number 4 6 2 2 When was the debt incurred? 09/24/2013	\$ 340.00
	Number Street SPARTANBURG	sc	29304	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one. Debtor 1 only			Unliquidated Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	_		Student loans	
	Check if this claim is for a commu			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset? No Pes			Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT CARD	
4.3	AFNI Nonpriority Creditor's Name 1310 MARTIN LUTHER KING	DRIVE		Last 4 digits of account number _5 _5 _6 _1 When was the debt incurred?12/16/2015	\$13,637.00
	Number Street BLOOMINGTON City	IL State	61702 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	State	Zir Code	Contingent Unliquidated Disputed	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another			<u></u>	
	Check if this claim is for a commu	nity debt		 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset? ✓ No ☐ Yes			Debts to pension or profit-sharing plans, and other similar debts Other. Specify UTILITIES	

200			480	
ш.	ar	186	- E.W	
9.0		LEL.	33	

Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	or listing any entries on this page, n	umber the	m beginning with	4.4, followed by 4.5, and so forth.	То	tal claim
	AMERIFINANCIAL SOLUTIO	NS		Last 4 digits of account number 1 8 4 5	\$	549.00
	Nonpriority Creditor's Name P O BOX 65018			When was the debt incurred? 08/24/2011		
	Number Street BALTIMORE	MD	21264	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only	State	ZiP Code	Contingent Unliquidated Disputed Type of NONDRIGENTY unequived claim:		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim: Student loans		
	☐ At least one of the debtors and anothe☐ Check if this claim is for a commuls the claim subject to offset? ✓ No ☐ Yes			Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify (Medical/Health Care)		
	STERN RECOVERY SERVIC	ES INC		Last 4 digits of account number Z L 1 9	\$\$	3,686.00
	415 N EDGEWORTH STSTE	210		When was the debt incurred? $03/09/2014$		
	Number Street GREENSBORO	NC	27401	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☑ Contingent		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only			☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Check if this claim is for a commu	nity debt		Debts to pension or profit-sharing plans, and other similar debts		
 -1	Is the claim subject to offset? ☑ No ☐ Yes			☑ Other Specify (Medical/Health Care)	10	9,381. 0
	STERN RECOVERY SERVIC	ES INC	·····	Last 4 digits of account number S J 5 7	\$ <u>_'`</u>	2,001.43
	415 N EDGEWORTH STSTE	210		When was the debt incurred? 03/15/2013		
	Number Street GREENSBORO	NC	27401	As of the date you file, the claim is: Check all that apply.		
	City Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans		
	Check if this claim is for a commu			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset?	inty dest		Debts to pension or profit-sharing plans, and other similar debts Other, Specify (Medical/Health Care)		
	No Yes			we One. Specify (HIOGISSINI IOSIII) COIC)		

Debtor 1

Part 21

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Your NONPRIORITY Unsecured Claims - Continuation Page

ANDERSON FINANCIA	<u>L</u>	Pa-1-00-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Last 4 digits of account number 3 4 5 9	\$757.00
Nonpriority Creditor's Name PO BOX 3097			When was the debt incurred? 12/01/2011	
Number Street BLOOMINGTON	IL.	61702	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	✓ Contingent	
AND THE STREET STREET			☐ Unliquidated	
Who incurred the debt? Check	one.		☐ Disputed	
Debtor 1 only				
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		Student loans	
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a	community debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other Specify UTILITIES	
M No				
Yes				
			Last 4 digits of account number 1 8 4 5	s 549.00
AMERIFIANCIAL SOLU	TION		Last 4 digits of account number	\$ 349.00
Nonpriority Creditor's Name			When was the debt incurred? 10/12/2011	
PO BOX 602570 Number Street	******			
CHARLOTTE	NC	28260	As of the date you file, the claim is: Check all that apply.	
City	State	ZiP Code	Contingent	
•			Unliquidated	
Who incurred the debt? Check	one.		Disputed	
Debtor 1 only			• •	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims	
	ovensionary veut		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other, Specify MEDICAL	
☑ No				
☐ Yes				
INTERSTATE CREDIT (COLLECTION	1	Last 4 digits of account number 5 1 0 X	\$ 85.00
Nonpriority Creditor's Name	JULLEUTION	<u> </u>	****	
711 COLISEUM PLAZA	CT		When was the debt incurred? 04/01/2009	
Number Street WINSTON SALEM	NC	10653	As of the date you file, the claim is: Check all that apply.	
City City	State	ZIP Code	Contingent	
-			Unliquidated	
Who incurred the debt? Check	one.		Disputed	
Debtor 1 only			•	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that	
$oldsymbol{Q}$ Check if this claim is for a \mathfrak{q}	community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other Specify MEDICAL	
☑ No			- V management in the Control of the	
☐ Yes				

Doc 1 Docheration Page 30 of 555 mber (# known)_ Debtor 1 List All of Your NONPRIORITY Unsecured Claims Rant 2: 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. 2 Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim IC SYSTEM INC. Last 4 digits of account number 3 0 3 8 379.00 Nonpriority Creditor's Name When was the debt incurred? 08/06/2011 444 HIGHWAY 96 E Street SAINT PAUL MN 55127 State 7tP Code As of the date you file, the claim is: Check all that apply, Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Other Specify BANFIELD PET HOSPITAL ☐ No Yes 191.00 FIRST POINT COLLECTION Last 4 digits of account number 03/15/2012 Nonpriority Creditor's Name When was the debt incurred? PO BOX 26140 Street As of the date you file, the claim is: Check all that apply, **GREENSBORO** NC 27402 State ZiP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify MEDICAL Z No ☐ Yes STERN AND ASSOCIATES Last 4 digits of account number _K _K _X _X 317.00 Nonpriority Creditor's Name 02/20/2012 When was the debt incurred? 415 N EDGEWORTH STREET SUITE 210 **GREENSBORO** 27401 NC As of the date you file, the claim is: Check all that apply.

☑ No.

Yes

Who incurred the debt? Check one

At least one of the debtors and another

Check if this claim is for a community debt

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Debtor 1 only

Debtor 2 only

Contingent

☐ Disputed

☐ Unliquidated

☐ Student loans

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

✓ Other. Specify <u>MEDICAL</u>

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

State

7IP Code

Debtor	4	

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		\$5000	
2	-		m
疆	لللثا		ш.

List All of Your NONPRIORITY Unsecured Claims

3.	Do any creditors have nonpriority ur No. You have nothing to report in the Yes							
	List all of your nonpriority unsecured nonpriority unsecured claim, list the cre included in Part 1. If more than one cre claims fill out the Continuation Page of	ditor separ ditor holds	ately for each clai	m. For each claim listed, identify wh	at type of claim it is. Do no	t list cla	ime already	
4.1	FBCS INC.				-	Tota	l claim	
Ш	Nonpriority Creditor's Name			Last 4 digits of account number	1 9 4 1	s	467.16	
	2200 BYBERRY RD			When was the debt incurred?	10/25/2012	<u> </u>		
	HATBORO City	PA State	19040 ZIP Code	As of the date you file, the claim	is: Check all that apply.			
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only			Contingent Unliquidated Disputed				
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecu	ıred claim:			
	Check if this claim is for a commu	nity debt		Obligations arising out of a separathat you did not report as priority	ration agreement or divorce			
	Is the claim subject to offset? No Yes			Debts to pension or profit-sharing Other. Specify COLLECTION	plans, and other similar debt	s		
4.2	MONARCH RECOVERY MAN Nonpriority Creditor's Name 10965 DECATUR ROAD	AGEME	NT INC.	Last 4 digits of account number When was the debt incurred?	2 8 2 5 03/02/2014	\$	477.70	
	Number Street PHILADELPHIA	PA	19154	As of the date you file, the claim	is: Check all that apply.			
	City	State	ZIP Code	Contingent Unliquidated				
	Who incurred the debt? Check one. Debtor 1 only			Disputed				
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	red claim:			
	At least one of the debtors and another			Student loans Obligations arising out of a separ	ation pareement or divorce			
	☐ Check if this claim is for a community the claim subject to offset?	nity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 				
,	M No Yes			Other. Specify COLLECTIO	DN	•		
4.3	CREDIT COLLECTION SERVINO Nonpriority Creditor's Name	ICES		Last 4 digits of account number	_0 _3 _1 _0	s.	4,427.63	
	TWO WELLS AVENUE Number Street		-	When was the debt incurred?	12/30/2014	*		
	NEWTON	MA	02459 ZIP Code	As of the date you file, the claim	is: Check all that apply.			
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	State	ZIP COOR	Contingent Unliquidated Disputed				
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecu	red claim:			
		74A # =		Student loans				
	☐ Check if this claim is for a commun is the claim subject to offset?	πy debt		Obligations arising out of a separa that you did not report as priority of	daims			
	✓ No Yes			Debts to pension or profit-sharing Other. Specify <u>COLLECTIC</u>				

Debtor 1

Part 2:

		Docum
First Name	Middle Name	Last Name

Your NONPRIORITY Unsecured Claims - Continuation Page

Aft	er listing any entries on this page, number ther	n beginning with 4	I.4, followed by 4.5, and so forth.	Total claim
	STUART-LIPPMAN- GEICO INSURAN Nonpriority Creditor's Name	ICE	Last 4 digits of account number 1 1 6 0	\$_2,960.87
	Nonphomy Creditor's Name 5447 EAST 5TH STREET		When was the debt incurred? 10/24/2014	
	Number Street TUCSON AZ	85711	As of the date you file, the claim is: Check all that apply.	
-	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CLAIM	
	Nonpriority Creditor's Name		Last 4 digits of account number	\$
	Number Street	- newsemmata.vi. vi	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one. Debtor 1 only		Unliquidated Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
			Last 4 digits of account number	\$
	Nonpriority Creditor's Name		When was the debt incurred?	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	City State Who incurred the debt? Check one.	ZIP Code	Contingent Unliquidated	
	Debtor 1 only Debtor 2 only		Disputed Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	☐ No ☐ Yes		Other. Specify	

Debtor 1

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Part 3:

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

AFNI			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Dan Color of the C
PO BOX 3097 Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
BLOOMINGTON	IL.	61702	Last 4 digits of account number 5 7 9 3
City	State	ZIP Code	
STERN AND ASSOC	IATES		On which entry in Part 1 or Part 2 did you list the original creditor?
415 N EDGEWORTH	STREET		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	**************************************	······································	Part 2: Creditors with Nonpriority Unsecured
SUITE 210			Claims
GREENSBORO	NC State	27401 ZIP Code	Last 4 digits of account number H Q X X
SOLUTION COLLEC	TION SERVI	CE	On which entry in Part 1 or Part 2 did you list the original creditor?
421 FAYETTEVILLE	ST MALL		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		····	Part 2: Creditors with Nonpriority Unsecured
SUITE 600		·····	Claims
RALEIGH City	NC State	27601 ZIP Code	Last 4 digits of account number A 2 4 6
SOLUTION COLLECT			On tables autor in David on David of the construction and the construction
Name	HON SERVI	<u> </u>	On which entry in Part 1 or Part 2 did you list the original creditor?
421 FAYETTEVILLE	ST MALL		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
SUITE 600		***************************************	Ciamis
RALEIGH	NC State	27601 ZIP Code	Last 4 digits of account number A 2 5 9
IC SYSTEM			On which and a badd a Dad Add . Heat As a re-
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
PO BOX 64437			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
OT DALK			Claims
ST. PAUL	MN State	55164 ZIP Code	Last 4 digits of account number 8 1 0 9
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Manager Street			Part 2: Creditors with Nonpriority Unsecured Claims
			
City	State	ZIP Code	Last 4 digits of account number
	T-00-00-00-00-00-00-00-00-00-00-00-00-00		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
-			Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number

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Debtor	KAREN First Name	MELISA	BERTHO	DUD
	riisi Name	Middle Name	Last Name	
Debtor 2 (Spouse If filing)	First Name	4.2.3.4b - 4.1	1 / - 6 1 1	
(эроцяе и явля)	t-lizt Mame	Middle Name	Last Name	
United States I	Bankruptcy Court	for the: Northern District of Illinois		₩
Case number (If known)	***			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for
 example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and
 unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

1				
Name	·			
Number	Street		the state of the s	
City		State	ZIP Code	
2				
Name			***************************************	
Number	Street	gangan da Andrida e bereita de arabado e a acesa de arabado e a acesa de arabado e a acesa de arabado e a aces		
City		State	ZIP Code	
3				
Name			**************************************	
Number	Street			
City		State	ZIP Code	
Name		A Committee of the Comm		
Number	Street			
City		State	ZIP Code	
Name				
Number	Street			
City	***************************************	State	ZIP Code	

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Debtor 1

KAREN MELISA

Case number (if known)

First Name Middle Name

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

2.2	I :					
	Name		······································			
	Number	Street				
	City		State	ZIP Code		
2						
	Name					
	Number	Street				
	City		State	ZIP Code		
2						
	Name					·
	Number	Street				
	City		State	ZIP Code		*************
2						
	Name					
	Number	Street				************
	City		State	ZIP Code		
2						
	Name					
	Number	Street			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	City		State	ZIP Code		
2						
	Name					
	Number	Street			771111111111111111111111111111111111111	
	City		State	ZIP Code		***************************************
2						
	Name					
	Number	Street				
	City		State	ZIP Code		
2						
	Name					
	Number	Street				*********
	City	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	State	ZIP Code		

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95000000			20	cament rage ev	0.00	
Fill	in this i	nformation to ide	entify your case:			
Det	otor 1	KAREN	MELISA	BERTHOUD		
		First Name	Middle Name	Last Name		
	otor 2 ouse, if filing) First Name	Middle Name	Last Name		
Uni	ted States	Bankruptcy Court fo	or the: Northern District of Illino	ois		
	e number					
	nown)					☐ Check if this is an
						amended filing
Off	icial I	Form 106H	-{			
			<u>:-</u> our Codebtors			12/15
and i case	number of number of number of number of number of number of No. Of the number of numbe	the entries in the (if known). Answ have any codebto he last 8 years, h. California, Idaho, Go to line 3. Did your spouse, do les. In which comm	boxes on the left. Attach the left were every question. ors? (If you are filing a joint can ave you lived in a community Louisiana, Nevada, New Mextorner spouse, or legal equiv	ne Additional Page to this pages, do not list either spouse a lity property state or territory kico, Puerto Rico, Texas, Was alent live with you at the time?	s a codebi	nity property states and territories include
	N	lumber Street				
	,	dinae Savet				
	ō	lty	State	ZIP Code		
3	shown in Scheduk Scheduk	line 2 again as a D (Official Form	a codebtor only if that pers n 106D), Schedule E/F (Offic le G to fill out Column 2.	on is a guarantor or cosigne	r. Make si de G (Offic	pouse is filing with you. List the person ure you have listed the creditor on cial Form 106G). Use Schedule D,
						eck all schedules that apply:
3.1					0.	ioux all surceutes that apply.
	Name				🗆	Schedule D, line
						Schedule E/F, line
	Number	Street				Schedule G, line
,	City		State	ZIP Code	******	
3.2						
	Name	······				Schedule D, line
	Number	Street				Schedule E/F, line
	THEFT	CHECK			Ų.	Schedule G, line
	City		State	ZIP Code		
3.3						Schedule D, line
	Name	***************************************				Schedule E/F, line
	Number	Street				Schedule G, line
	***************************************					CONTROL CO, BITC MANAGEMENT.
	City		State	ZIP Code		

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KAREN MELISA BERTHOUD Case number (# known)

Debtor 1

Middle Name Last Name

Case number (# known)_

		Additional Page to	List More Codebtors		
	Column 1	1: Your codebtor			Column 2: The creditor to whom you owe the debt
3					Check all schedules that apply:
L	Name				Schedule D, line
	Wallie				☐ Schedule E/F, line
	Number	Street		**************************************	□ Schedule G, line
	City	***************************************	State	ZIP Code	namu
3	-			<u>-</u>	
ئـــــا	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
·	City	· · · · · · · · · · · · · · · · · · ·	State	ZIP Code	_
3					—
ـــا	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					
لـــا	Name			· · · · · · · · · · · · · · · · · · ·	Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City	· · · · · · · · · · · · · · · · · · ·	State	ZIP Code	_
3			Ç tale	ZIF OUG	
···········	Name				_ Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3	•			2 0000	
	Name			·	Schedule D, line
					☐ Schedule E/F, line
	Number	Street		· · · · · · · · · · · · · · · · · · ·	Schedule G, line
	City		State	ZIP Code	***
ß					_
	Name		·		Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
<u>_</u>	City		State	ZIP Code	an.
3.					
	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	-

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Fill in this i	nformation to identify	your case:					
Debtor 1	KAREN	MELSIA	BERTHOUD				
Debtor 2	First Name	Mixtdle Name	Last Name				
(Spouse, if filing)		Middle Name Northern District of Illino	Last Name				
Case number	. ,	The state of the s	, , , , , , , , , , , , , , , , , , ,		Check if	thic ic	
(If known)						nended filing	
						plement showing postp	
Official Fo	orm 106l					DD / YYYY	ate.
Sched	lule I: You	ır income					12/15
supplying collif you are sep separate shee	rrect information. If y earated and your spo	ou are married and not use is not filing with yo top of any additional i	t filing jointly, and y ou, do not include in	our spouse is	living with	or 2), both are equally re you, include information ouse. If more space is ne known). Answer every q	about your spouse.
Fill in your information	r employment on.		Debtor 1			Debtor 2 or non-fili	ng spouse
attach a se	e more than one job, eparate page with n about additional	Employment status	Employed Mot emplo		es este este este este este este este e	☐ Employed ☐ Not employed	
include par self-employ	rt-time, seasonal, or ved work.						
Occupation	n may include student aker, if it applies.	Occupation		· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • •	
		Employer's name					
		Employer's address	·····				
			Number Street		·	Number Street	
				·			
					, ,		
		How long employed ti	City here?	State ZIP C	ode	City S	State ZIP Code
			All Man Part Sales and a second a second and	-			
	Give Details About	-					
spouse unie	ess you are separated.					ite \$0 in the space. Includ	e your non-filing
below. If you	u need more space, at	ve more than one emplo tach a separate sheet to	this form.	ormation for all	employers to	or that person on the lines	
A 13-2				For I	Debtor 1	For Debtor 2 or non-filing spouse	
deductions	ny gross wages, sala i). If not paid monthly,	ary, and commissions (calculate what the month	petore all payroll nly wage would be.	2. \$	0.00	\$	
3. Estimate a	and list monthly over	time pay.		3. +\$	0.00	+ \$	
4. Calculate	gross income. Add lin	ne 2 + line 3.		4. \$	0.00	\$	

Case 16-38448

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Debtor 1

KAREN

MELSIA

BERTHOUD

Case number (# known)

First Name Middle Name For Debtor 1 For Debtor 2 or non-filing spouse 0.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 0.00 5a. 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 0.00 5d. 5e. Insurance 0.00 5e. 0.00 5f. Domestic support obligations 5f. 0.00 5g. Union dues 5g 5h. Other deductions. Specify: 5h. 0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 6 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a. 0.00 8b. Interest and dividends 86. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c 0.00 8d. Unemployment compensation 8d. 8e. Social Security 8e. 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 Specify: 8f. 8g. Pension or retirement income 0.00 8g. 8h. Other monthly income. Specify: 8h. 0.009. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. 0.00 10. Calculate monthly income. Add line 7 + line 9. 0.00 0.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 11 + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 0.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain: FIND A JOB

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	Fillin	this i	nformation to identify	your case:						
	Debto	r 1	KAREN	MELISA		THOUD	Check if	thic ic		
	Debtor	r 2	First Name	Middle Name	Last Name				ps. p.	
	(Ѕроця	e, if filling) First Name	Middle Name	Last Name	' '	☐ An ar		~	petition chapter 13
	United	States	Bankruptcy Court for the:	Northern District of Illinoi	s				of the following	
	Case r (If know	number vn)		**************************************			MM /	DD / YYY	Υ	
(Offic	ial f	orm 106J				l			
0	3cl	1ed	lule J: Yo	ur Expenso	3 5					12/15
B ir (i	e as c	omple etion. I vn). Ar	te and accurate as p	ossible. If two married p ed, attach another shee	eople are fili	ng together, . On the top	both are equally of any additiona	respons I pages,	sible for supply write your nam	ing correct
¥Ø.			nt case?	iseriori						
١.		-	to line 2.							
			es Debtor 2 live in a s	separate household?						
			No Yes. Debtor 2 must file	e Official Form 106J-2, Ex	penses for S	eparate House	ehold of Debtor 2	<u>.</u>		
2.	Do yo	ou hav	e dependents?	₩ No		Danandanta	rolatianskiu tu		Daman dan da	Bass Januarian Ros
	Do no Debto		ebtor 1 and	Yes. Fill out this info		Debtor 1 or D	relationship to ebtor 2		Dependent's age	Does dependent live with you?
			the dependents'				······			□ No □ Yes
	name	8.								☐ No
										Yes
						-				☐ No
										☐ Yes
							······································	-		U No □ Yes
										□ No
						· · · · · · · · · · · · · · · · · · ·				Yes
	exper	ses o	enses include f people other than d your dependents?	☑ No ☐ Yes						
ā	rt 2:	Est	timate Your Ongoi	ng Monthly Expenses	;					
Es	timate	your	expenses as of your	bankruptcy filing date u	nless you ar	e using this f	orm as a supple	ement in	a Chapter 13 ca	ase to report
ex	pense	s as o	f a date after the ban	kruptcy is filed. If this is	a suppleme	ntal Schedule	J, check the b	ox at the	top of the form	and fill in the
				cash government assis it on Schedule I: Your I					Your expen	ISAS
	The r	ental c		xpenses for your reside			•		\$	0.00
			ded in line 4:					4.	•	
			state taxes					4a .	\$	0.00
	4b.	Proper	ty, homeowner's, or re	nter's insurance				4b.	\$	
	4c.	Home	maintenance, repair, a	nd upkeep expenses				4c.	\$	0.00
	4d.	Home	owner's association or	condominium dues				4d.	\$	0.00

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Debtor 1

KAREN

MELISA

BERTHOUD

Case number (# known)_

Your expenses 0.00 5. Additional mortgage payments for your residence, such as home equity loans 5 Utilities: 6a. Electricity, heat, natural gas 25.00 6a. Water, sewer, garbage collection 6b. 0.00 Telephone, cell phone, Internet, satellite, and cable services 55.00 6c. Other. Specify: _ 0.00 6d. 7. Food and housekeeping supplies 100.00 7. Childcare and children's education costs 0.00 8. Clothing, laundry, and dry cleaning 15.00 9 10. Personal care products and services 10.00 10. Medical and dental expenses 0.00 11. Transportation. Include gas, maintenance, bus or train fare. 0.00 Do not include car payments. 12 0.00 Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 0.00 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 0.00 15b. Health insurance 0.00 15b 15c. Vehicle insurance 0.00 15c. 15d. Other insurance. Specify: 0 0.00 15d. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 0.00 17. Installment or lease payments: 17a. Car payments for Vehicle 1 0.00 17a. 17b. Car payments for Vehicle 2 0.00 17b. 17c. Other, Specify: 0.00 17c 17d. Other. Specify:_ 0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 0.00 19. Other payments you make to support others who do not live with you. Specify:___ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 0.00 20a. 20b. Real estate taxes 0.00 20b. 20c. Property, homeowner's, or renter's insurance 0.00 20c. 20d. Maintenance, repair, and upkeep expenses 0.00 20d. 20e. Homeowner's association or condominium dues 0.00

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Debto	f 1 KAREN First Name	Middle Name	MELISA Last Name	BERTHOUD	Case number (# known)	TATUL M	
21. O	ther. Specify:				21.	+\$	0.00
22. C i	alculate your moi	nthly expenses.					
22	2a. Add lines 4 thro	ough 21.			22a.	\$	205.00
22	2b. Copy line 22 (m	onthly expenses	for Debtor 2), if any	r, from Official Form 106J-2	22b.	\$	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
22	2c. Add line 22a an	d 22b. The result	is your monthly ex	penses.	22c .	\$	205.00
23. Ca l	iculate your mont	thly net income.					
23a	. Copy line 12 (y	our combined mo	onthly income) from	Schedule I.	23a .	\$	0.00
23b	. Copy your mon	thly expenses fro	m line 22c above.		23b.	\$	205.00
23c		nonthly expenses ur monthly net inc	from your monthly come.	income.	23 c.	\$	205.00
24. Do	you expect an inc	crease or decrea	ise in your expens	es within the year after you	file this form?		
				an within the year or do you e nodification to the terms of yo			
Z	No.						
	Yes. Explain h	ere:					

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				•
Fill in this in	formation to iden	tify your case:	under de versione de la company	
Debtor 1	KAREN	MELISA	BERTHOUD	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States F	Sankruptov Court for	the: Northern District of	of Illinois	
Case number (if known)			M-W-W-W-	
(a anomi)				
			·	

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

and

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone w	ho is NOT an attorney to help you fill out bankruptcy forms?
M No	
Yes. Name of person	
	Signature (Official Form 119).
Under penalty of perjury, I declare that I that they are true and correct.	have read the summary and schedules filed with this declaration and
1/ 1 -	
* Ka Mi	X
Signature of Debtor 1	
•	Signature of Debtor 2
Date 12-1-14	Date
MM / DD / YYYY	MM/ DD / YYYY

F	ill in th	is information to ide	ntify your case.	aria Peralgan			
0	ebtor 1	KAREN First Name	MELISA Middle Name	BERTHOUL)		
	Debtor 2 Spouse, if	filling) First Name	Middle Name	Last Name			
			the: Northern District of		च		
	ase num	nber					☐ Check if this is an
L.,		· · · · · · · · · · · · · · · · · · ·					amended filing
0	fficia	al Form 107					
S	tate	ment of Fir	ancial Affai	rs for Indiv	iduals Filing	for Bankruptc	V 04/16
Be infe	as con ormatic	nplete and accurate a on. If more space is a	is possible. If two man	ried people are filin ate sheet to this for	g together, both are equant. The control of any additional control of the contro	ally responsible for supply litional pages, write your n	ing correct ame and case
nui	mber (if	f known). Answer eve	ery question.			, , , , , , , , , , , , ,	
P	art 1:	Give Details Abo	out Your Marital Sta	tus and Where Y	ou Lived Before		
1	What	is your current marit	al status?		 		
••		arried	ar status r				
		ot married					
2	During	n the last 3 years ha	ve you lived anywhere	other than where u	vou live nou?		
٠	O No	0	-	•			
	⊠ Ye	es. List all of the place	s you lived in the last 3 y	years. Do not include	where you live now.		
	t	Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
					☐ Same as Debtor 1		Same as Debtor 1
		2000 Light Rd, A	pt. 104	From			From
		MUNIDER SHEET		То	Number Street		To
		Oswego	1L	-	**************************************		
		City	State ZIP Code	-	City	State ZIP Code	
					Same as Debtor 1		Same as Debtor 1
		Number Street		From	Number Street		From
				То	Halling Office		То
				•		***************************************	
	į	City	State ZIP Code	-	City	State ZIP Code	
3.	Within	the last 8 years, did	you ever live with a sp	ouse or legal equiv	alent in a community pro	operty state or territory? (C	Community property
	M No		Anzona, Camornia, idai	no, Louisiana, Nevad	a, New Mexico, Puerto Ri	co, Texas, Washington, and	Wisconsin.)
			ut Schedule H: Your Co	debtors (Official Form	n 106H).		
Pa	r(#2	Explain the Sourc	es of Your Income				

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Debtor 1	KAREN First Name	MELISA	BERTHOUD	Case nu	IITiber (if known)	
	rest Name	Middle Name Las	t Name			
Fill	in the total amount	of income you receive	nt or from operating a bud from all jobs and all bus ome that you receive toge	inesses, including part-ti	r or the two previous cal me activities. er Debtor 1.	endar years?
-	ros. I ili ili tije dete	240.	Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions ar exclusions)
	From January 1 of the date you filed	of current year until I for bankruptcy:	Wages, commissions, bonuses, tips	\$0.00	Wages, commissions, bonuses, tips	\$
			Operating a business		Operating a business	
	For last calendar (January 1 to Dec	•	Wages, commissions, bonuses, tips Operating a business	\$ 10,355.00	Wages, commissions, bonuses, tips Operating a business	\$
	For the calendar	vear before that:	Wages, commissions,		☐ Wages, commissions,	
	(January 1 to Dece	•	bonuses, tips Operating a business	\$41,827.53	bonuses, tips Operating a business	\$
List e	each source and th	e gross income from e	ach source separately. Do		ed together, list it only once you listed in line 4.	
Mar Y	es. Fill in the detai	ls.	Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 o	of current year until		\$		\$
	ale date you med	for bankruptcy:		\$ e		\$
				Ψ		\$
	For last calendar	-	961.13	<u> </u>		\$
	(January 1 to Dece	ember 31,2015 (b		\$ \$
	For the calendar y	year before that:	8	.		\$
,	(January 1 to Dece	ember 31,2014)		_		\$
		1 1 7 7	9			\$

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Debtor 1	KAREN First Name	MELISA Middle Name	BERTOUD asi Name	Case	number (# known)	
Part 3:	List Certain	Payments You N	lade Before You Filed	for Bankruptcy		
			primarily consumer deb			
□ No	 Neither Debt "incurred by a 	or 1 nor Debtor 2 ha In individual primarily	ns primarily consumer d for a personal, family, or	ebts. Consumer debts a household purpose."	re defined in 11 U.S.C. § 10	01(8) as
	During the 90	days before you filed	d for bankruptcy, did you p	ay any creditor a total o	f \$6,225* or more?	
	🗹 No. Go to	line 7.				
	total	amount you paid that	o whom you paid a total of t creditor. Do not include p . Also, do not include payı	payments for domestic s	or more payments and the upport obligations, such as	
					after the date of adjustment.	
☐ Ye	s. Debtor 1 or D	ebtor 2 or both hav	e primarily consumer de	ebts.		
	During the 90	days before you filed	l for bankruptcy, did you p	ay any creditor a total of	\$600 or more?	
	No. Go to	line 7.				
	credit	tor. Do not include pa	whom you paid a total of syments for domestic supp de payments to an attorn	ort obligations, such as	child support and	
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Creditor's N	Ama	***************************************	\$	<u> </u>	☐ Mortgage
	01001010101					☐ Car
	Number S	Street				Credit card
						Loan repayment
						Suppliers or vendors
	City	State	ZIP Code			Other
				\$	 \$	☐ Mortgage
	Creditor's Na	ame				☐ Car
	Number S	treet	***************************************			Credit card
						Loan repayment
						Suppliers or vendors
	City	State	ZIP Code			Other
	******************************			\$	\$	☐ Mortgage
	Creditor's Na	ime				☐ Car
	Number St	treet				Credit card
						Loan repayment
						Suppliers or vendors
	City	State	ZIP Code			Other

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ebtor 1	KAREN	MELISA	BERTOUD		Case number (# know	2)
	First Name	Middie Name (ast Name		(· · · · · · · · · · · · · · · · · · ·
Insic corp	lers include your orations of which	r relatives; any general h you are an officer, di	rector, person in control, a	general partners; or owner of 20% or	partnerships of whi	ch you are a general partner;
ager	nt, including one as child suppor	for a business you op-	erate as a sole proprietor.	11 U.S.C. § 101.	Include payments fo	or domestic support obligations,
21 N		t and allmony.				
		nents to an insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name			\$	\$	
	Number Street					
	City	State Z	P Code	•		
	Insider's Name	***************************************		\$	\$	
	Number Street		And the state of t			
	City	State Zi	P Code			
Withi	n 1 year before	you filed for bankrup	etcy, did you make any p	payments or trans	fer any property o	n account of a debt that benefite
an in	sider?	debts guaranteed or o		•		
		debia guaranteed or o	osigned by an insider.			
		ents that benefited an	insider.			
			Dates of	Total amount	Amount you still	Reason for this payment
			payment	paid	owe	Include creditor's name
ī	nsider's Name			\$	\$	
Ī	Number Street					
_	***************************************					
č	Zity	State ZiF	Code			
Ī	nsider's Name			\$	\$	
ĭ	lumber Street					
	***************************************		***************************************			
č	ity	State ZiP	Code			

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Debtor 1	KAREN First Name	MELISA Middle Name	BERTHC Last Name			Case numb	DEF (if known)	
				•				
Part 4	n Identify L	egal Actions	s, Reposses	sions, and Forecic	osures			
9. Witl	nin 1 year befo	re you filed fo	r bankruptcy,	were you a party in	any lawsuit, c	ourt action,	or administrative p	proceeding?
List and	all such matters contract dispute	s, including pen es.	sonal injury ca	ses, small claims action	ons, divorces, o	collection suit	ts, patemity actions,	, support or custody modificatio
	•							
	Yes. Fill in the d	etails.						
			N	ature of the case		ourt or agenc	:v	Status of the case
			М	ONEY OWED, re	: Car	TOCULT OF	OUDT EOD DE	
	Case title PRO	OGRESSIVE	A(ccident		urt Name	OURT FOR DEI	KALB Pending
	Northern In	surance Cor	np.		1:	33 W. Sta	te Street	On appeal
		***************************************				mber Street	ic oucci	☐ Concluded
	Case number	6SC825	***************************************		D	EKALB	IL	
					City	/	State ZIP Code	And And Andrews (Andrews Andrews Andre
	Case title				Con	urt Name		Pending
								On appeal
					Nur	nber Street		☐ Concluded
	Case number		******************				~	
					City		State ZIP Code	
LLE Y	es. Fill in the in	formation belov	v .	Describe the pr	roperty		Date	Value of the property
	Creditor's Nam	e		9444auru-44-				\$
	Number Stre	et	**************************************	Explain what ha	appened			
				☐ Property v	was repossesso	ed.		
					vas foreclosed.			
					vas garnished.			
	City	St	ate ZIP Code	Property v	vas attached, s	eized, or levi	ed.	
				Describe the pro	operty		Date	Value of the property
								\$
	Creditor's Name	<u> </u>						
	Number Stree	et		Explain what ha	ppened			
	****			Property w	as repossesse	ed.		
				Property w	ras foreclosed.			
	City	Sta	ate ZIP Code	Property w	as garnished.			
				Property w	as attached, se	eized, or levie	ed.	

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Nithin 90		Middle Name	Lest N	HOUD		-		
Withln 90								
	days be	fore you file	d for bankru	ptcy, did any creditor, in	cluding a bank or fin	ancial institution	on, set off any	amounts from vo
accounts	or refus	e to make a	payment be-	cause you owed a debt?	-		, , .	
Ø No								
Yes. F	ill in the d	details.						
				December 4h 41 - 41				
				Describe the action the	creditor took		Date action was taken	Amount
Creditor's	s Name	***************************************		-				
Number	Street	·		-				\$
				-				
City			700					
City		State	e ZIP Code	Last 4 digits of account	number: XXXX			
Vithin 1 ye reditors,	ear befor a court-a	re you filed t appointed re	for bankrupt ceiver, a cus	cy, was any of your prop stodian, or another offici	erty in the possessic al?	on of an assign	ee for the bene	fit of
) No								
] Yes								
600 - 1000 1000 - 1000								
159 Lis	t Certa	in Gifts an	d Contribu	tions				
		······································				·		· · · · · · · · · · · · · · · · · · ·
		etails for eacl	Aur					
per per		l value of mon	e than \$600	Describe the gifts			Dates you gave the gifts	Value
per per	son		e than \$600	Describe the gifts				Value ¢
per per	son	value of mon	e than \$600	Describe the gifts				Value \$
per per	son		e than \$600	Describe the gifts				Value \$
per per	son		e than \$600	Describe the gifts				Value \$ \$
Person to \	son		e than \$600	Describe the gifts				Value \$
Person to \	Whom You		e than \$600	Describe the gifts				Value \$ \$
Person to \	Whom You	Gave the Gift	e than \$600	Describe the gifts				Value \$ \$
Person to \	Son Whom You Street	Gave the Gift State		Describe the gifts				\$
Person to \	Son Whom You Street	Gave the Gift State		Describe the gifts				Value \$ \$
Person to \ Number City Person's I	Street	Gave the Gift State	ZIP Code					Value \$ \$
Person to \ Number City Person's I	Whom You Street relationshi	Gave the Gift State	ZIP Code	Describe the gifts			Dates you gave	Value Value
Person to V Number City Person's I	Whom You Street relationshi	Gave the Gift State	ZIP Code				the gifts	\$\$
Person to Number City Person's I	Whom You Street relationshi	State ip to you alue of more t	ZIP Code				Dates you gave	\$ \$
Person to V Number City Person's I	Whom You Street relationshi	Gave the Gift State	ZIP Code				Dates you gave	\$ \$
Person to V Number City Person's I	Whom You Street relationshi	State ip to you alue of more t	ZIP Code				Dates you gave	\$ \$
Person to V Number City Person's I	Whom You Street relationshi	State ip to you alue of more t	ZIP Code				Dates you gave	\$ \$
Person to V Number City Person's I	Whom You Street relationshi	State ip to you alue of more t	ZIP Code				Dates you gave	\$ \$
Person to V Number City Person's I	Whom You Street relationshi	State ip to you alue of more t	ZIP Code				Dates you gave	\$ \$
Person to V Number City Person's I Gifts with per person	Whom You Street relationshi	State ip to you alue of more t	ZIP Code				Dates you gave	\$ \$

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ebtor 1	KAREN First Name	MELISA Middle Name	BERTHOUD Last Name		Case number (# known)_		- Vida e di
	2 years befo	re you filed for	bankruptcy, did y	ou give any gifts or contributio	ns with a total val	ue of more than \$	600 to any charity
Ø No							
☐ Yes	s. Fill in the de	tails for each g	ift or contribution.				
Gi	fts or contribu	tions to charities	i Describe	what you contributed		 .	
th	at total more th	ian \$600		, with 100 continued		Date you contributed	Value
	***						œ.
Char	ity's Name						Φ
*****			***************************************				\$
Numi	ber Street						
City	State	ZJP Code	···				
10.16							
rt 6:	List Certa	in Losses					
	cribe the prop v the loss occu	erty you lost and rred	Include th	any insurance coverage for the los e amount that insurance has paid. Lis line 33 of Schedule A/B: Property.		Date of your loss	Value of property lost
							\$
1 7: L	.ist Certain	Payments o	r Transfers				
you con:	sulted about	seeking bankr	uptcy or preparing	or anyone else acting on your a bankruptcy petition? redit counseling agencies for sen			to anyone
Z No	Fill in the deta		aion preparers, or d	real counseling agencies for serv	vices required in yo	ur bankruptcy.	
		.			_		
Perso	on Who Was Paid	· · · · · · · · · · · · · · · · · · ·	Descriptio	n and value of any property transfe	erred	Date payment or transfer was made	Amount of paymen
Numb	er Street		***************************************			- Shintendanian	\$
			· · · · · · · · · · · · · · · · · · ·				•
City		State ZIP C					Ψ
Email	or website addres	s					
Person	n Who Made the E	Payment if Not You	***************************************				

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	KAREN	MELISA	BERT	HOUD	Car	ise number (if known)		
	First Name	Middle Name	Las	l Name				
				Description and value	of any property transfe	rred	Date payment or transfer was made	Amount of payment
	Person Who Was F	aid						
	Number Street							\$
								\$
	City	State	ZIP Code					
	Email or website ad-	dress		-				
	Person Who Made t	he Payment, if N	ot You					
12			ansfer that yo	ou listed on line 16.				
				Description and value	of any property transfer	red	Date payment or transfer was made	Amount of payme
	Person Who Was P	Bid	***************************************				made	
	Number Street							\$
		····	·					\$
o besteb	City	State	ZIP Code					
		ra vali filad 1	OI DOMKIUD	tcy, did you sell, trade	or otherwise transfe	ir any property to	anyone, other than	n property
Inclu Do n	sferred in the or de both outright ot include gifts a lo	rdinary cour transfers and nd transfers	se of your b I transfers m	ousiness or financial a ade as security (such a e already listed on this s	s the granting of a secu	urity interest or mo	rtgage on your prop	
Inclu Do n	sferred in the or de both outright ot include gifts a	rdinary cour transfers and nd transfers	se of your b I transfers m	ade as security (such a	s the granting of a secustatement. of property Descr		r payments received	
Inclu Do n	sferred in the or de both outright ot include gifts a lo	rdinary cour transfers and nd transfers tails.	se of your b I transfers m	ade as security (such a e already listed on this s Description and value o	s the granting of a secustatement. of property Descr	ribe any property o	r payments received	perty). Date transfer
Inclu Do n	sferred in the or de both outright ot include gifts a lo 'es. Fill in the de	rdinary cour transfers and nd transfers tails.	se of your b I transfers m	ade as security (such a e already listed on this s Description and value o	s the granting of a secustatement. of property Descr	ribe any property o	r payments received	perty). Date transfer
trans Inclu Do n	sferred in the order both outright of include gifts a lo 'es. Fill in the de	rdinary cour transfers and nd transfers tails.	se of your b I transfers m	ade as security (such a e already listed on this s Description and value o	s the granting of a secustatement. of property Descr	ribe any property o	r payments received	perty). Date transfer
frans Inclu Do n	sferred in the order both outright of include gifts a lo lo loss. Fill in the de loss Fill in the de	rdinary cour transfers and transfers tails. d Transfer	se of your b I transfers m that you have	ade as security (such a e already listed on this s Description and value o	s the granting of a secustatement. of property Descr	ribe any property o	r payments received	perty). Date transfer
trans Inclu Do n	sferred in the order both outright of include gifts a lo	rdinary cour transfers and transfers tails. d Transfer State	se of your b I transfers m that you have	ade as security (such a e already listed on this s Description and value o	s the granting of a secustatement. of property Descr	ribe any property o	r payments received	perty). Date transfer
trans Inclu Do n	sferred in the order both outright of include gifts a lo lo loss. Fill in the de less	rdinary cour transfers and transfers tails. d Transfer State	se of your b I transfers m that you have	ade as security (such a e already listed on this s Description and value o	s the granting of a secustatement. of property Descr	ribe any property o	r payments received	perty). Date transfer
trans Inclu Do n	sferred in the order both outright of include gifts a lo lo loss. Fill in the de less	rdinary cour transfers and transfers tails. d Transfer State	se of your b I transfers m that you have	ade as security (such a e already listed on this s Description and value o	s the granting of a secustatement. of property Descr	ribe any property o	r payments received	perty). Date transfer

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ars before you filed for liciary? (These are often continued the details.	bankruptcy, did you transfer any prope alled asset-protection devices.) Description and value of the prop		ist or similar device of	which yoย Date transfer was made
c iary? (These are often c	alled asset-protection devices.) Description and value of the prop		ist or similar device of	Date transfe
c iary? (These are often c	alled asset-protection devices.) Description and value of the prop		ist or similar device of	Date transfe
n the details.	Description and value of the prop	Perty transferred		
		perty transferred		
ust		Perty transferred		
ıst		erty transferred		
ust				
JSI	***************************************			
	The state of the s			
ertzin Financial Acc	ounts, instruments, Safe Deposi	t Boxes, and Storag	e Units	
before you filed for bar	kruptcy, were any financial accounts	or instruments held in	volus nama, as far vers	han-64
king, savings, money m	arket, or other financial accounts; cer	tificates of deposit; sh	ares in banks, credit ur	ilons,
ruses, pension lungs, C	poperatives, associations, and other fi	nancial institutions,		
n the details.				
	l act d distant at account would	***		
	Last 4 aigus of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance be closing or trans
nancial institution	XXXX-	Checking		
Street	THE PROPERTY WELLS AND A STATE OF THE PROPERTY	Savings		*
	Herium.	Money market		
		☐ Brokerage		
State ZIP Co	ode .	Other		
	xxxx	☐ Checking		\$
ancial institution		☐ savings		*
irest		Money market		
		☐ Brokerage		
		Other		
State ZIP Co	de .			
	r before you filed for bar moved, or transferred? king, savings, money mouses, pension funds, con the details. In the details. State ZIP Contact Institution	r before you filed for bankruptcy, were any financial accounts moved, or transferred? king, savings, money market, or other financial accounts; cerbuses, pension funds, cooperatives, associations, and other financials. Last 4 digits of account number AXXXX	before you filed for bankruptcy, were any financial accounts or instruments held in moved, or transferred? king, savings, money market, or other financial accounts; certificates of deposit; shouses, pension funds, cooperatives, associations, and other financial institutions. In the details. Last 4 digits of account number Type of account or instrument Type of account or instrument Checking Savings Money market Brokerage Other	king, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit un buses, pension funds, cooperatives, associations, and other financial institutions. Last 4 digits of account number Type of account or instrument Closed, sold, moved, or transferred XXXX

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Debtor 1	KAREN	MELISA		HOUD	Case number (# known)	~~~~~
22. Hav	First Name /e you stored pr	Middle Name		or place other than your home	within 1 year before you filed for bankruptcy?	
	No					
Q	Yes. Fill in the	details.				
				Who else has or had access to	it? Describe the contents	Do you still have it?
	Name of Storage	Facility		Name		☐ No ☐ Yes
	Number Street		·	Number Street		
				City State ZiP Code		
	City	State	ZIP Code			
Part 9	9: Identify	Property Y	ou Hold	or Control for Someone Els	50	
			perty that s	omeone else owns? Include a	ny property you borrowed from, are storing for,	
	hold in trust for No	someone.				
	Yes. Fill in the	details.				
		2014/10.		Where is the property?	Describe the property	Value
					Tooling the property	AHIGO
	Owner's Name		· • • • • • • • • • • • • • • • • • • •			\$
	Number Street	····		Number Street	Marie Address of the Control of the	
	Transper Object					
			·······		Attitute proper from the company of	
	City	State	ZIP Code	City State	ZiP Code	
Pant 1	Give De	talis About	Environn	nental information		
				· · · · · · · · · · · · · · · · · · ·		
	purpose of Pa		-	* * *		
haz	ardous or toxic	substances,	wastes, or	te, or local statute or regulation material into the air, land, soil ng the cleanup of these substat	a concerning pollution, contamination, releases o , surface water, groundwater, or other medium,	f
utili	ze it or used to	own, operate	, or utilize	it, including disposal sites.	nmental law, whether you now own, operate, or	
Haz sub	ardous materia stance, hazardo	<i>i</i> means anyth ous material,	ning an en pollutant,	vironmental law defines as a ha contaminant, or similar term.	azardous waste, hazardous substance, toxic	
Report	all notices, rele	ases, and pro	oceedings	that you know about, regardles	ss of when they occurred.	
24. Has	any governmen	ntal unit notifi	ed you tha	t you may be liable or potential	lly liable under or in violation of an environmenta	l law?
Q :	No Yes. Fill in the d	letails.				
				Carramantal rait	Forder-woodship 15 to 15	.
				Governmental unit	Environmental law, if you know it	Date of notice
ī	Name of site			Governmental unit		
į	Number Street			Number Street	nata.	
_	* 	· · · · · · · · · · · · · · · · · · ·		City State ZIP Code	annu	
2	*14.2	Diata and	D.C.			
	City	State ZI	P Code			

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	First Name Middle Name L	THOUD act Name	Case number (if known)	
Have y	ou notified any governmental unit	of any release of hazardous mater	ial?	
M No				
	s. Fill in the details.			
	s. i in hi the details.			
		Governmental unit	Environmental law, if you know it	Date of notic
Na	me of site	Governmental unit	un-	****
¥	mber Street	_	_	
	30991	Number Street		
		Cit.	-	
		City State ZIP Code		
Cit	y State ZIP Code	-		
.				
lave yo	ou been a party in any judicial or a	dministrative proceeding under an	y environmental law? Include settlements	and orders.
Z No				
Yes	. Fill in the details.			
		Court or agency	Nature of the case	Status of the
Cno	e title			case
Case	- Dut	Court Name		Pending
		m med r sarkish		On appe
		Number Street		Conclud
				Concius
Case	number	City State ZiP Cod	ia	
	_	-	-	
t 11:	Give Details About Your Bu	siness or Connections to Any	Business	
		siness or Connections to Any		
Vithin 4	years before you filed for bankru	otcy, did you own a business or ha	eve any of the following connections to an	y business?
Vithin 4	years before you filed for bankru sole proprietor or self-employed	otcy, did you own a business or ha	ave any of the following connections to an	y business?
Vithin 4	years before you filed for bankrup a sole proprietor or self-employed a member of a limited liability com	otcy, did you own a business or ha	ave any of the following connections to an	y business?
Vithin 4	years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com A partner in a partnership	otcy, did you own a business or ha in a trade, profession, or other act pany (LLC) or limited liability partn	ave any of the following connections to an	y business?
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tor 1 KAREN	MELISA	BERTOUD C	ase number (if known)
First Name	Middle Name	Last Name	
		Describe the nature of the business	Employer Identification number
Business Name		<u> </u>	Do not include Social Security number or ITI
			EIN:
Number Street		Marine of a complete to the state of the sta	
		Name of accountant or bookkeeper	Dates business existed
***************************************		manusts.	
67			From To
City	State ZIP Code		
Within 2 years befinstitutions, credit No Yes. Fill in the	ors, or other parties.	ruptcy, did you give a financial statement to a	anyone about your business? Include all financial
		Date issued	
Name		MIM / DD / YYYY	
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	······		
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1123 Sign Bek)W		
l have read the an answers are true :	swers on this Stateme and correct. Lunderst:	ent of Financial Affairs and any attachments,	and I declare under penalty of perjury that the g property, or obtaining money or property by frau
in connection with	າ a bankruptcy case c	an result in fines up to \$250,000, or imprison	g property, or obtaining money or property by frau ment for up to 20 years, or both.
18 U.S.C. §§ 152,	1341, 1519, and 3571.		
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X La	19/20		
Signature of Deb	for 1	Planatura of Dahan D	444 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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